

THE
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THE AMERICAN PRACTITIONER.

NOVEMBER, 1877.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ON THE RECOGNITION AND MANAGEMENT OF THE GOUTY STATE IN DISEASES OF THE SKIN.*

BY L. DUNCAN BULKLEY, A. M., M. D.

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In the present paper I desire, from a clinical stand-point, to impress upon my hearers the value and necessity of recognizing and treating the gouty state in many diseases of the skin. I say from a clinical stand-point, because many of the thoughts here given have come to me gradually, as developed by experience, and I wish that others may accept at once what I have been slow to perceive clinically. In an analysis of one thousand cases of skin disease in my private practice, now in process of preparation, I have been struck, on reading over the recorded histories, with the constant occurrence of the elements of gout either in patients themselves or in their immediate connections,

* Read before the American Medical Association, June 7, 1877.

and also with the very important part which the management of these elements has played in the cure of the cutaneous disease. I am also led to consider this subject in writing, because in very many, if not in most instances, this gouty state had been neglected by the physicians previously in charge of the cases, and because even when I have called attention to the subject many have failed to recognize the facts or the importance of their bearing upon the case; but of the reality of the connection, in many instances, I have not a shadow of doubt, and of the therapeutical importance of the recognition I am very firmly convinced.

I may say, however, that it is often difficult to recognize these elements in poor practice, as in hospitals and dispensaries, probably because they do not exist to so great a degree among patients applying to such institutions as among the higher classes, for the reason that the causes, such as over-eating and wine-drinking and indolence, are not conspicuous elements in the life of the middle and lower classes in this country. I may also add that considerable difference in the type of diseases, including those of the skin, is observed on careful study between those seen in private and those in public practice in a large city like New York; the same probably exists in other cities, which may in a measure account for discrepancies of opinion and fact, on the part of some, in regard to certain of the points brought forth hereafter. The same is true in other branches of medicine than dermatology, according as the observations are based on cases seen among the rich and better-to-do classes of society, and in the humbler and lower walks of life. As before remarked, the present paper is written with especial reference to cases occurring in private practice and among those who enjoy some or many of the luxuries of life, often wrongly so called.

It will be understood, of course, that no claim is made to a *discovery* of the influence of the gouty state in skin diseases, the connection has long been recognized by the French school of dermatology especially; but I wish to bring it more particularly to the notice of the profession in this country, upon

a basis of large clinical study of recorded cases of patients in public as well as in private practice.

To a proper understanding of what is implied by the influence of the gouty state in diseases of the skin, it will be well first to define what is understood by the term "gouty state." When gout is spoken of, the unprofessional mind has at once suggested to it an exceedingly painful inflammation of one or more of the smaller joints of the extremities, notably that of the great toe. The physician who has given but little thought or study to the subject, at once remembers that gout may affect any of the organs of the body,—that there may be gout of the kidney, heart, liver, brain, etc. He who has gone somewhat more deeply into the subject recognizes that these are all but the phenomena resulting from a blood alteration which has been demonstrated, and that the presence of uric acid in the blood is the root of the evil, the attempted oxidation of which in the tissues gives rise to the local inflammations.

But if the phenomena of gout are not studied or observed further even than this, we will fail to note the connection which exists between the gouty state of which we speak and functional and other diseases of the system. The true student of the gouty state must go deeper into its pathology than the simple existence of inflammation of the joints, or of the internal organs of the body, and even deeper than the acid blood-state which is recognized as the foundation of these; he must seek for the causes of this state of the blood; he must search for the earlier manifestations of the blood alteration, which may be discovered a great while before the joints or viscera are inflamed or altered; he must recognize the elements which form the beginning of the long train of cause and effect which eventuates, if its course is unchecked or unchanged, in what is commonly known as gouty inflammation. The earlier links in the chain are quite as important as the late, or rather are much more important therapeutically, inasmuch as it is during this period that, by a proper regulation of the patient's life, with slight medication or by the "*management of the gouty state*," as the term is here employed,

that we may do much to avert an evil which will surely come if the earlier warnings, of more or less severity, are not heeded and acted upon. It is in this light that I look upon many of the cutaneous and mucous inflammations (for the mucous membrane is but the involuted skin) which often long precede the commonly recognized symptoms of gout; and I would no more neglect the warning given by them to the patient, and attempt to remove the eruption by local means alone (even were this possible), and thus fail to seek for the cause and remedy of his gouty state, than I would shoot a railroad employé who waved the red flag of danger before the open draw-bridge, because his presence was distasteful to me and checked me in my homeward journey: the caution-signal may avert a great danger.

Our subject, then, divides itself into three parts:

First. The importance of recognizing certain skin diseases as the earlier manifestations of the gouty state, with a view of saving the patient from its later exhibitions, which are worse and may ultimately endanger life.

Second. The importance of recognizing the gouty state in certain diseases of the skin, because thereby we can best remove the cutaneous disease and prevent its recurrence; and,

Third. The management of the gouty state, especially in its earlier periods, during which the skin lesions are most apt to manifest themselves.

I am aware that there are some who deny, almost if not quite *in toto*, the internal causation of all diseases of the skin, and regard them wholly of local origin, either as the result of external causes or as local affections of the skin tissues. At the late meeting of the International Medical Congress at Philadelphia, in September last, one of the questions for discussion was, "Are eczema and psoriasis local diseases, or are they manifestations of constitutional disorders?" and the present writer was honored by the invitation to read a paper on the subject. During the subsequent discussion the side of the local pathology of these diseases was warmly advocated by several gentlemen familiar with diseases of the skin, but

the Section, or medical jury before which the case was argued, decided in favor of all the propositions offered by the writer, which showed the constitutional relations and nature of these affections; the main arguments brought forward in favor of this were based on their relations to the gouty state as understood in the present paper. I confess that I can not understand how this influence could have been so ignored as it has been by local pathologists, for surely a careful study of recorded private cases in sufficient numbers can not fail to convince the most skeptical of a very frequent coëxistence of many diseases of the skin and the phenomena now recognized by the best authorities as gouty, and a careful following out of the cases on paper, visit by visit, certainly shows that as one set of symptoms improve, the others commonly do the same, and *vice versa*; and that remedies affecting the one are of influence over the other. Unless the converse of our propositions can be demonstrated by an equal or greater number of recorded clinical facts as perfect in every respect, the opinions which have long ruled the medical mind and have been demonstrated again and again, in reference to the constitutional relations of certain cutaneous affections, must be accepted as true, and the dictum of any one school of dermatology can not decide the question to the contrary.

It will be understood, of course, that my remarks in regard to the gouty relations of dermal lesions do not refer to every disease of the skin: I recognize purely local affections, as epithelioma, also the parasitic diseases, vegetable and animal, the contagious exanthemata, syphilis, purpura, etc., as being independent of these relations in the main, although I believe that the earlier and lighter systemic changes which contribute to the gouty state, may predispose the entire organism even to local diseases, which the perfectly healthy may escape.

Turning now to the more immediate consideration of our subject, what are the elements which comprise the gouty state, which we are to seek for and recognize as of importance in connection with diseases of the skin? They may be classed under two heads, imperfect assimilation or nutrition, and im-

perfect disassimilation or disintegration, by these two processes growth and repair are carried on and effete products removed; failure in one or both of these is a primary factor in the gouty state, and must be remedied, wholly or partially, to avert the ultimate results sure to follow. The management of the gouty state, then, includes a study of the elements of secretion and excretion, as also of the process of tissue disintegration which is continually taking place; the pathological culminating point of the latter is best seen, perhaps, in acute articular gout, where the tissues undertake to perform the vicarious office of oxidizing uric acid, which they succeed in doing only to the immense damage to themselves.

It will be necessary, therefore, in the study of our subject, very briefly to consider the functional disorders which constitute or contribute to the production of the state called gouty, namely, the derangement of the organs engaged in secretion and excretion—the liver, stomach, intestines, pancreas, kidneys and skin. Space forbids our entering into the consideration of the normal and pathological workings of each of these (even if it were possible to isolate entirely their action in health and disease), and, having named them as important factors to be regarded in the gouty state, especially in its relations to certain diseases of the skin, I will dwell for a moment on the more commonly recognized manifestations of disordered assimilation and disassimilation. The points to be considered are, imperfect digestion, constipation and diarrhœa, imperfect urinary secretion, and faulty cutaneous action.

Imperfect digestion, indigestion or dyspepsia, represents a failure in the process of the preparation and assimilation of the food by the various organs, alone or combined, which are charged with the function of ministering to the nutrition of the body. If patients with skin diseases are asked whether they have indigestion a considerable number will say that they have not, although some proportion of them will answer that they have, meaning thereby that they suffer from some of the forms of primary indigestion which obtrude themselves upon the attention, in ways that are decidedly uncomfortable.

Thus, the most commonly recognized symptoms of dyspepsia, pain after eating, or the feeling of a heavy load in the stomach, heart-burn, nausea, acrid or fetid eructations of wind or liquid, are familiar to many, and may or may not be mentioned by the patient if they exist. But it is a mistake for the physician to suppose if these are absent that the patient has no indigestion; and it has been the failure to recognize this fact, and to search for deeper proof, which has led to the neglect of the internal pathology of diseases of the skin.

Imperfect digestion is shown quite as plainly by other elements as by those recognized by the laity as connected with it; and what I wish now particularly to direct attention to is the connection between many of these symptoms and functional derangements of the liver, as insisted so forcibly by Dr. Murchison.* I can not do better than to quote his list of symptoms of indigestion, as more commonly observed:

"1. A feeling of weight and fullness at the epigastrium, and in the region of the liver.

"2. Flatulent distension of the stomach and bowels.

"3. Heart-burn and acid eructations.

"4. A feeling of oppression and often of weariness and aching pains in the limbs, or of insurmountable sleepiness after meals.

"5. A furred tongue, which is often large and indented at the edges, and a clammy, bitter or metallic taste in the mouth, especially in the morning.

"6. Appetite often good; at other times anorexia and nausea.

"7. An excessive secretion of viscid mucus in the fauces and at the back of the nose.

"8. Constipation, the motions being scybalous, sometimes too dark, at others too light, or even clay-colored; occasionally attacks of diarrhoea, alternating with constipation, especially if the patient is intemperate in the use of alcohol.

*On Functional Derangements of the Liver. Croonian Lectures for 1874. London, 1874.

"9. In some patients attacks of palpitation of the heart, or irregularity or intermission of the pulse.

"10. In many patients occasional attacks of frontal headache.

"11. In many patients restlessness at night and bad dreams.

"12. In some patients attacks of vertigo or dimness of sight, often induced by particular articles of diet."

Other symptoms must be added to these, which are quite as definitely the result of imperfect digestion, or of the state of blood, called by Murchison *lithæmia*; many of them he subsequently mentions. Such are, the constant tendency to aphthous sores of the mouth and tongue, recurrent herpes labialis, also hemorrhoidal congestion, with external or internal piles and pruritus of the anus; a slow and sluggish pulse; chronic bronchitis and spasmodic asthma: these are all constantly seen to be entirely dependent upon the gouty state. Sleeplessness and restlessness at night are not at all infrequent indications of this state and of imperfect digestion. And here I can not do better than again to refer to Murchison, whose clinical observations in the admirable little book mentioned I have verified again and again, indeed daily in practice as well as in my own person. And I may remark that the book is written in the most fascinatingly truthful style, and shows the careful observer throughout, and in many instances gives the impression almost of a personal narrative. I know of no medical work of its size so instructive, and would urge all who desire to enter more into the details of the matter here presented, not only to refer to the book but to study and digest it; it will not produce mental or physical indigestion in the reader, as do so many modern writings, but if thoroughly masticated and assimilated will help many to benefit and cure the dyspepsia of others, and their own, if they have any.

In reference to this sleeplessness, Murchison recognizes that it may arise from many causes, but believes that "one of its causes is the derangement of the liver which produces lithæmia." Says he:—"When this is the case, the patient is often heavy and drowsy after a full meal, and he may fall

asleep at once on retiring to rest; but after one, two, three or four hours, he awakes and then he lies awake for hours, or he is constantly falling asleep, dreaming or having the nightmare and awaking—four or five times, or even oftener, in the course of one hour—until the morning comes, when he drops into a quiet sleep of an hour or more; or he is obliged to get up, tired and irritable. This sleeplessness like the vertigo . . . is often induced by particular articles of diet, or by some unwholesome combination of them. What will excite headache, giddiness, or disorders of the circulation in some patients, will in another cause sleeplessness. Sometimes, however, this symptom will occur when the patient is most careful as to diet. What is important also to note is, that in most of these cases there are no obvious symptoms of gastric dyspepsia; the appetite may be good, too good in fact; the bowels may be regular, and there may be no pain, flatulence, or other discomfort after meals; but there will be found an unusual tendency to the deposit of lithates in the urine, and very often other phenomena of a so-called gouty diathesis. . . . It is, however, a form of sleeplessness not generally understood, and harm is often done to patients suffering from it by the administration of opiates and other soporifics, from ignorance of its real cause. Very often the symptom will be greatly relieved, if not entirely removed, by careful attention to diet. . . . Some patients with this form of sleeplessness have told me," says Murchison, "that they never sleep so well as after a dose of calomel or blue pill."

The present writer has observed this form of sleeplessness very commonly in patients affected with diseases of the skin, especially among children, and far oftener in the latter than he had any reason to expect from previous teachings on the subject; and it was long before the true nature of the sleeplessness was discovered, and then mainly by the failure of local treatment to remove the skin difficulty, or to give sleep by affording relief to itching, where it existed.

But I have delayed far longer than was intended on this portion of the subject, and will briefly mention the other ele-

ments which must be looked for as indicative of the gouty state, or of a tendency to its development in patients with diseases of the skin.

Occurring spontaneously, or dependent more or less on wrong action of other organs, the intestine may fail in its action, either by deficient excretion into its cavity, or by tardy and imperfect movements and delayed expulsion of its contents; the former being costiveness and the latter constipation. Of course there are many causes of this failure; much of it is primary, some is secondary to the gouty state already developed: its continuance is certainly productive of this and many evils, and it is of vast importance to properly manage the functions of this great excretory organ, the extent of which importance is hardly sufficiently comprehended.

Far too little attention has been paid to the skin as an excretory organ, and to its condition and circulation as indicative of the health of the economy, and to the maintenance of its proper action as an element of health. The general surface of the skin affords very clear indications of the beginning or existence of the gouty state. All are familiar with the sallow, unhealthy look during the existence of what is known as "biliousness," whose oft-repeated recurrence ends in chronic lithæmia; and also with the clear, translucent skin of those in whom the gouty state is so far advanced as to result in joint inflammation: the imperfect cutaneous circulation, manifested constantly by cold, clammy hands and feet, even in summer, is also recognized as resulting from digestive disturbance; and in the later stages of the gouty development we have the inactive skin, shown in a dry condition, seldom perspiring, with frequent sensations of chilliness and frequent "taking cold" on slight exposures. All these conditions I have daily recognized in patients suffering from many affections of the skin.

The clearest, and in some respects the most satisfactory, element in the establishment of the existence of the gouty state in patients with diseases of the skin, is furnished by the urine. It has been claimed by opponents to some of the views inculcated in this paper that nothing has been proven in

regard to any relations of the urine to diseases of the skin, because the changes found in the urine of patients with cutaneous affections are only those existing in others in whom there is no disease of the skin. This is not the time nor the place to enter into any discussion of the question, but I would simply ask of the objectors what changes could or should be expected in the urine? Certainly we would not expect to find any new elements, for the constituents of the urine are capable of undergoing but a comparatively few changes, and these occur pretty definitely under definite conditions. Now it is precisely this that I wish to establish in the matter, namely, that many of the diseases of the skin are associated with and measurably dependent on the presence of the gouty state, and the existence of that gouty state is demonstrated by the state of the urine in most if not in all cases. It is understood, of course, when I speak of changes in the urine, that I recognize them not as the result of kidney disease, but as indications of the blood state.

The changes which the urine undergoes in acute articular gout are well known and very definitely established: these are, the diminution of all the chief ingredients as the paroxysm approaches, the diminished quantity without proportionate increase in specific gravity during the inflammatory attack, and, as it passes off, the appearance of urates or lithates in the urine, generally in great abundance. In the minor or earlier period of the gouty state, the stage in which most of the cases of this class of diseases of the skin are observed (for they are not nearly as commonly met with as would be supposed in those who have gone so far as to have articular gout), in the earlier stages or phases of the gouty condition we have changes in the urine which foreshadow those which will follow if the same causes continue to work. Thus, early in indigestion we find oxalate of lime beginning to appear, with urates and occasionally uric acid, at first with each attack of functional derangement of the chylopoetic viscera: as these derangements become more frequent and oft-repeated, the changes are more and more common, until they become the estab-

lished condition of affairs, and the urine, instead of presenting the normal characters, exhibits the microscopic sediments as a rule, with alternating high and low specific gravity, or a persistent high specific gravity and abnormal acidity.

Now a very considerable number of examinations of the urine in private practice* have demonstrated to me that much the same conditions exist, as a rule rather than as an exception, in the urine of very many patients affected with certain diseases of the skin; it is further established beyond doubt, in my mind, that such digestive derangements as have been mentioned, and which are associated with alteration in the urinary secretion, act as aggravating elements in diseases of the skin, and that therapeutical deductions in regard to the latter may be learned from the state of the urine.

This complex state, then, is imperfect digestion, the all-important factor in the gouty state, and such are the elements of ill health which are to be sought after and remedied if it is desired to do permanent good in such diseases as acne, eczema, furunculi, lichen, psoriasis, urticaria, etc. : I say sought after, because few patients will imagine that these ailments have any connection whatever with the eruption with which they come for treatment, which generally causes them far more distress than do the other indications of the gouty state.

The points thus far considered may be recapitulated as follows:—First, the gouty state is recognized as an important element in the causation and continuation of many diseases of the skin; second, by the gouty state is not intended merely the presence of articular inflammation, but the existence of a blood state which is the cause of many other symptoms besides inflammation of the joints, which are equally indicative of the gouty habit or condition; third, the elements of the production of this blood state are found in wrong diet and imperfect digestion, including assimilation and disassimilation, as evidenced by functional derangements of one or many of the abdominal viscera, or of the entire integument.

* Archives of Dermatology, October, 1876, p. 1. Reprint:—G. P. Putnam's Sons, New York.

We are now prepared to notice, for a moment, the three important points in reference to this study which were alluded to in the beginning: First, the importance of recognizing certain skin diseases to be the earlier signs of the gouty state, with a view of saving the patient from the worse and more dangerous manifestations. If diseases of the skin are recognized to be thus connected, it becomes the duty of the physician to look for the cause and remove it, quite as quickly as it is his duty to guard the patient who has had one attack of gout of the toe from its recurrence, and to endeavor to protect other organs from the influence of the poison: this is to be done by so altering the life and habits of the individual that the acid production ceases. Skin diseases of certain varieties are thus seen to be of much more importance in medical pathology than has sometimes been granted, or than some even to-day agree; and the physician's duty is not always ended when he prescribes a local remedy for every case of skin disease, simply for the purpose of giving relief to the immediate symptoms present. Quite as improper is the indiscriminate use of arsenic, just because the skin is affected, some of the errors in the use of which, as also some of the benefits resulting from its proper employment, I had the honor to lay before this learned body one year ago.* On the occasion of the occurrence, then, of the diseases of the skin which are recognized as connected more or less with the gouty state, it is the duty of the physician to go carefully over the entire case, to seek the elements of ill-health and to remedy them, not only because the skin affection is thus benefited, but because the signal-flag of danger thus placed in plain sight should not be disregarded.†

* On the Use and Value of Arsenic in Diseases of the Skin. Transactions of the American Medical Association, Vol. XXVII, p. 163. Reprinted. New York: D. Appleton and Co. 1876.

† It will be understood, of course, that I do not by this intend to support in the least the popular (and semi-professional) idea that there is any danger of "driving in" an eruption: such a thing is simply impossible, the educated physician of to-day does not hesitate to remove any eruption as soon as possible. I only claim that best interests demand a coincident attention to the general health.

But, Second, it is important to recognize the gouty state in certain diseases of the skin, because it is well nigh essential to do this in order to obtain permanent effects in treatment. This point I can not dwell on now; it will be developed more fully under the next subject, the management of the gouty state in skin diseases. It were possible, however, did space permit, to give very numerous examples where local treatment, of the most varied and approved character, failed to give any results until gouty elements were removed; also where iron, arsenic, cod-liver oil, etc., seemed but to aggravate the disease before attention was paid to the elements dwelt upon in this paper.

We come now to the third and most important portion of our subject, namely, the Management of the Gouty State in Diseases of the Skin. I have used the word "*management*" instead of treatment, because, as its elements of causation are manifold and extend into the habits of life of the patient, its removal requires something more than routine *treatment*, or the prescribing of this or that drug: it requires a thorough investigation of the errors of life and their rectification, as far as possible. The latter is accomplished first by diet, second by hygiene, and third by medicine, whose importance is in the order of their mentioning. First as regards diet.

By dieting is popularly understood a starvation process, which is to be continued for a short time, for the purpose (even if it is not avowed) of starving out the disease. Diet, as understood by the intelligent physician, is such a regulation of the quantity and quality of the nourishment taken, its mode of preparation, and manner and time of consuming, as shall conduce to the restoration to health of functionally or organically diseased organs, and to the maintenance of health: in this its broadest sense should it be considered in the management of the gouty state, especially as observed in connection with diseases of the skin.

First, then, as to quantity: It must be acknowledged that overeating is far more common among the better classes of society than under-eating, and a study of my recorded notes

of private patients shows continual proof of the fact: they frequently say, in answer to the question if they have dyspepsia, that they are not troubled unless they "eat too much." Clinical investigation will convince every one that much of the indigestion existing is very commonly the result of habitually taking just a little more nutriment than the system requires; and that extra amount is more commonly in the way of desserts, or griddle-cakes, or salad, etc., which tempt by their delicate flavor.

Few persons discriminate between appetite and taste, and because there is still a relish for sweets, etc., long after the healthy appetite has been satisfied, they indulge in them, and the digestive system is taxed far beyond its true capabilities. From this one of two errors must result, the lesser one when the stomach rejects the load, or passes it partly digested into the intestines, giving rise to a diarrhoea; or a worse result happens, when there is an attempt to assimilate the entire quantity, which ends in but a partial digestion of the whole, and as a consequence we have imperfectly altered substances circulating in the blood, which appear in the urine as oxalate of lime, urates, uric acid, etc., the early stage of the gouty state. As remarked, the first result of the rejection by the stomach or of an irritative diarrhoea, is the lesser of the two evils: tradition says that the Chinese take emetics to enable them to over-eat again, whereas gourmands among the more civilized nations think that the "dinner-pill" or a mineral water furnishes a more elegant method of avoiding the ill effects of their folly and crime. Hence, the entire quantity of the food must be properly regulated, and such elements as stimulate unnatural appetite must be avoided, as condiments, etc.: this is also one of the evils of the use of wines at meals.

But the entire quantity of food may be normal in amount, and some of its individual articles may be in excess or in default: this is most plainly seen in such diseases as scurvy and rickets, but is equally true in regard to other states. One patient indulges very largely in saccharine and starchy food, another takes meat in excess, a third, especially among the

strumous, takes little or no fat: to the proper management of the gouty state these matters of diet require to be regulated by the physician, for man is so influenced by surroundings that instinct has little to do even with the more animal portions of his economy. We have not the time to enter further into the matter of diet in this place, but can only throw out the warning that unless it is studied by the physician to whom the patient with functional derangements which will result in the gouty state has applied, in many cases he will not be able to cure the skin disease, and will fail of his duty in regard to the future health of his patient.

One further point somewhat in this connection must be mentioned, and that is the proper mastication of the food. The process of digestion undoubtedly commences in the mouth, and an imperfect performance of the work allotted to this portion of the digestive tract must throw extra work on other portions, and result in imperfect digestion. I find that many of these patients eat very hastily and chew their food very imperfectly. I may also mention the use of very cold liquids during eating, and also the use of much fluid of any kind, as prejudicial to the proper performance of the digestive functions. Many unconsciously take large draughts of water, tea, beer, etc., while eating or soon after, to the detriment of their digestion, and perceive the benefit following a diminishing of the amount. I usually advise those exhibiting elements of the gouty state to take not more than one-half of the accustomed amount of fluid during or near the meal, making up the deficiency, if more liquids are craved, with water in the intervals between eating, not sooner than half an hour before or two hours after the meal. I have for several years advised copious draughts of ordinary water on rising and on retiring, in the gouty state, and am pleased to find that the same has been practiced by so high an authority as Sir James Paget, of London, as recently mentioned by him in print. Soup at meals I hold to be, in many instances, a great error of diet.

In regard to the use of wine, ale, alcohol, etc., in the early or late stages of the gouty state, as seen in patients with skin

diseases, they are to be interdicted even to the severest degree, it being indeed impossible to overcome the acid production, in many instances, when they are indulged in: there are exceptions, of course, to this as to every rule. The degree of their harmfulness, I believe, may be expressed by the order in which they stand in the following list, the most injurious coming first: porter, ale, madeira, port and sherry wines, champagne, cider, lager beer, claret, hock, and the very light white wines, brandy and whisky. Thus, it is not the alcohol which is harmful as much as it is the sweet, fermentable and fermenting principle contained in wines, beer, etc. If stimulants are really required, I prefer to supply the need by the bitter infusions or tinctures, or quinia.

In conclusion of the subject of the diet in these cases, I would affirm that the person with a gouty state, even in its earliest developing stage, should regulate the diet to such a degree that but little if any medicine is required, except as an occasional adjuvant, when unusual and unpreventable causes operate to cause special derangement in the functions of the organs. Food should be taken, if necessary, more often than common, in order to prevent overloading the stomach beyond easy digestion at any one time. All articles of known difficulty of digestion should be sedulously avoided, such as nuts, cheese, pickles, pastries, fried articles (of which fried oysters and egg-plant are the type of what is evil), gravies, sauces, hot bread, cakes, etc., together with such fruits as bananas, pine-apples, cocoa-nuts, also such vegetables as sweet potatoes, cabbage, etc. Finally, there is no field which should receive so much attention from the physician, and yet which does receive so little, as the matter of the selection and preparation of the food and drink which form the frames which we try, so often vainly, to influence beneficially by medicines. I trust that those who may become interested in this subject, in connection with skin diseases, will look it up elsewhere and study it clinically.

But of almost, if not quite equal, importance in the management of the gouty state in diseases of the skin, is the mat-

ter of hygiene: under hygiene I include exercise, bathing, sleep, occupation, light, air, etc.

The majority of those affected by the gouty state are of more or less sedentary habits, and there is hardly any point which will be so hard to manage as the matter of exercise in these patients. Simply to advise them to "take plenty of exercise in the open air" will not suffice, for the judgment of the patient may differ materially from that of the physician as to what is implied thereby; the subject must be seen to and followed out if any results are to be obtained.

It was stated before that inactivity of the skin was an important element in the gouty state of skin patients, and to remedy it will often require considerable attention. Cold sponge bathing and sharp friction after it, every morning, is a very valuable aid in this. Dr. Todd recommends the addition of nitro-muriatic acid to the sponge bath. Turkish baths very often assist greatly, and are of advantage, once a week or so. I have also seen very excellent results in skin diseases which even were quite local in character, in those of gouty habit, from the use of full, long, warm baths, rendered moderately alkaline, say by the addition of carbonate of potash, carbonate of soda and powdered borax together, three, two and one ounces of each respectively, in a thirty gallon bath, at a temperature of from 85° to 92° Fahr. This may be taken two or three times a week, on retiring, remaining in the water from fifteen to thirty minutes.

The sleep, hours of retiring, etc., as also the apartment, should be attended to; likewise such matters as the light and air enjoyed by the patient, and also his occupation, should not escape the physician's attention.

All these matters may seem of trifling importance, and not worthy the regard of educated men, but I believe that in treating chronic diseases we must look to chronic causes, and nothing which can conduce to the health or ill health of the patient should be neglected by his medical adviser. We all know of the importance of these items in cases where the tuberculous habit has been acquired or inherited, and in these

instances attention to them is often of the greatest benefit to the patient. I hold that the gouty state may develop conditions equally dangerous, certainly to the future health, vigor, and usefulness of the patient, and that these points should be equally attended to in this state.

Having now considered the two most important elements in the management of the gouty state in diseases of the skin, namely, diet and hygiene, we can very briefly complete this study by a mention of the drugs which may be relied on to assist in the work. Functional derangement of the abdominal organs, causing faulty assimilation and disintegration, was mentioned at the outset as being the foundation of the gouty state, and to relieve the condition we must reach them with appropriate medication. There can be little or no doubt but that the views so ably put forth and sustained by Murchison, in regard to the very important part which functional derangements of the liver play in the production of the gouty state are the correct ones, although in the excellent little work alluded to perhaps prominence is given to it to the undue neglect of the part played by the other organs engaged—the stomach, pancreas, intestines, etc.

Unquestionably the proper use of the right cathartics is of great service in the treatment of the gouty state, and foremost among these stands mercury. The old remedy of five grains of blue mass, five of the compound extract of colocynth, and one of ipecac, given in two pills, and repeated on the second night, is one of the very best agents we have to give relief to the portal circulation. I not uncommonly allow this dose to be repeated on the following week, and when the gouty state is pretty fully established, the course may be taken at weekly intervals or longer. A very common and valuable remedy of mine for the more permanent relief of the constipated habit, is the use of pills of the extract of aloes with a little dried sulphate of iron, with or without the extract of nux vomica. These are to be taken *regularly*, directly after the meals, at first thrice, then twice, then once daily, and ultimately patients who before have been habitually constipated have been able

to reduce the number to one taken *regularly* at stated intervals, of several days or a week, or to discontinue them. There are, of course, very many valuable methods and ways of overcoming constipation, which can not be mentioned here; of the value of the two preparations just referred to the writer can speak from large experience in their use.

Next to overcoming constipation, the primary digestion demands most careful attention in the management of the gouty state in diseases of the skin. Want of space forbids more than the briefest notice of this subject; the remedies suitable to relieve digestive disorders are too numerous even to mention. I will, however, call attention to lactopeptine, which, taken repeatedly after each meal, is often of the greatest service in assisting proper diet in this matter; sometimes the mineral acids and sometimes the alkalies are of value, according to the requirements of the case, which can not here be dwelt upon.

As before mentioned, the urine affords the most serviceable means in our possession of discovering the existence and watching the progress of development of, or the disappearance of, the gouty state, and the constant and repeated examination of it should never be neglected. The skill and care necessary for this are attainable by all, and the apparatus is not expensive; for the details I must, of course, refer the reader to one of the many good books on the subject. I find that patients are willing to pay for the extra time and work necessary, when made aware of the importance of this matter.

Watching, then, the quantity of urine passed, its specific gravity and acidity, the presence or absence of deposits, the occurrence of albumen and sugar, or the phosphates thrown down by heat and dissolved by nitric acid, and, microscopically, the oxalate of lime, the urates and uric acid, we can determine with a very certain amount of definiteness whether the gouty state is on the increase or decrease, or at a standstill, and can vary our medication, diet, etc., accordingly.

The remedy which I use more than any other in overcoming the acidity of the gouty state in diseases of the skin is acetate

of potassa, given pretty freely, from fifteen to thirty grains three or four times daily, generally on an empty stomach and well diluted. When there is more primary indigestion and stomach acidity, I order it to be taken after eating and with less water, say a wine-glass or so, in a bitter infusion, as of quassia or columbo. A very valuable method of accomplishing the same is by the frequent use of Kissingen water, or Kissingen and Vichy mixed. I give the former, drawn from a syphon bottle, three, four or more times daily, in small quantities, a quarter to half a gobletful at once, on an empty stomach; that is, not sooner than half an hour before or two hours after a meal. I prefer the mineral waters manufactured in this country, especially those of Dr. Hanbury Smith, of New York, and use far more Kissingen than Vichy. Lithia, in its various combinations, is a most excellent remedy for meeting the gouty state, and one which I very frequently employ. I have commonly used the benzoate, although the carbonate and citrate are very good; it should always be given after eating. The salts of soda are far inferior to other alkalis in overcoming the gouty state, although they afford much temporary relief to pressing symptoms; magnesia I use more or less, as particular cases require.

I have thought that acetate of ammonia has served me much good purpose in many cases of the gouty state in diseases of the skin, on account of its action on the cutaneous surface. Certainly skins, which before were dry and harsh, and perspired little if any, became soft and moist under the use of the acetate of potash dissolved in the liquor ammoniæ acetatis, the mixture being given three or four times a day: this is of special service in infants and children. Jaborandi promises to be of service in meeting and overcoming the inaction of the skin in the state under consideration.

Iron is an oxidizer, and when it is well borne by persons in a gouty state it aids assimilation and improves the tone of the system; but very frequently it can not be taken with advantage by these persons, except alternated or combined with

alkalies or aperients.* The muriated tincture of iron is one of the most serviceable forms in which to give it; when it is desired to administer alkalies with iron, the ammonia-citrate is about the best preparation to employ. Arsenic is also a promoter of the assimilative process, but must be given with even more caution than iron to persons in a gouty state, and patients taking it must be watched, especially with reference to the condition of the urinary secretion: when this is faulty, arsenic will be pretty certain to do no good, or to do positive harm. I like very well the acid De Valangin's solution, which I frequently give alone or in combination with the muriated tincture of iron. But this is a powerful remedy, and in one instance its use induced a gouty attack in a lady predisposed to many of the manifestations of the gouty state, and when this attack passed off a return to the remedy was followed immediately by another aggravation of the gout.

The management of the gouty state, as observed in certain diseases of the skin, may be summed up somewhat as follows: In the early stages of the systemic changes recognized as tending to the production of the gout, more is to be expected from diet and hygiene, exercise, bathing, friction to the skin, etc., with the occasional use of the milder alkalies and laxatives, such as mineral water, judiciously used. In the later stages, where the more commonly known manifestations of gout have already developed, and where the acid blood state is fully formed, the management must embrace the measures serviceable in ordinary gout, including diet, hygiene and medicine, if sure or permanent relief is expected to the disease of the skin, which is one of its manifestations.

I have said nothing in reference to colchicum in this connection, because I have had no very great personal experience to offer in regard to it. I have thought that I have seen considerable benefit from it in certain cases of chronic urticaria

* Since the above was written and read, an excellent paper by Dr. Fothergill, on "When not to give Iron," has appeared in the *London Practitioner*, September, 1877, p. 183; and I am pleased to see that this bright observer gives the same cautions, but expressed much more fully. I would refer the reader to that paper for a full consideration of the subject.

with acidity; but, on the other hand, my impression has been unfavorable in reference to it in some other affections of the skin, where it has been prescribed by practitioners who have seen the case before me: of its reputation in well developed arthritic gout, we are all well aware. I have also omitted mention of other methods, measures and remedies which have been recommended in the gouty habit, as I desire here simply to give practical expression to my experience clinically in managing this state in diseases of the skin.

I would like to have been able to add something definite in regard to the effect of climate in the development and cure of gouty skin diseases, but refrain from speaking on the subject until more data have accumulated, hoping however that others may be able to add experience on this subject. I am satisfied that certain affections of the skin depend largely on climatic influence, and believe that much of the benefit in them derived from a residence at mineral springs, etc., is due to the change of climate and surroundings, affecting favorably the gouty state, which is the foundation of many diseases of the skin.

NEW YORK CITY.

BIMANUAL OR COMBINED TURNING.*

BY A. MARTIN, M. D.

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When at this time I undertake a chapter on operative midwifery, the subject of which has in former and oft-repeated

* BERLIN, October 11, 1877.

DEAR DR. PARVIN: I have the pleasure of inclosing a paper for the American Practitioner by Dr. A. Martin. The original of his work on this subject first appeared in print in the *Deutschen Zeitschrift für Praktische Medizin*, and it was from that journal that this paper was translated. The translation has been read and revised and additions made by Dr. A. Martin, so that it may, I think, be regarded as an original paper, taking the substance of his first work.

W. W. VINNEDGE.

discussions led to apparently satisfactory conclusions, it is the observation that certain gained and generally accepted advances, made within the past twenty years, find altogether too limited application in practice.

So far as I have been enabled to observe, it is yet the custom of the majority of obstetricians, as soon as the external manipulations have not led to a satisfactory presentation of the fetus, to introduce at once the whole hand into the uterus, there to grasp either the feet or the head, in order to turn the child. Certainly a large number of cases could be related, the entirely satisfactory result of which, would encourage a repetition of the foregoing procedure under similar circumstances. Yet we must not lose sight of the dangers which are undoubtedly connected in a far greater degree with this operative procedure, than are connected with the manipulations made upon the abdomen, or with their assistance, with a partially introduced hand into the uterus.

Regarding the advantages connected with such a relatively inferior procedure, probably all agree. Furthermore, I fully agree with the principal text-books, so far as they teach the combined inner and outer turning for the presentation of the head; less, however, can I agree with the views as expressed in these text-books, and the more recent operative teachings, regarding the bimanual or combined turning by the feet. This is more or less carefully discussed and recommended, but its applicability is regarded only as an attempt, and entirely confined to those cases in which the waters have not yet broken, and the fetus is movable within the fluid.

It is claimed that we should not delay with combined turning, in cases where any danger demands immediate delivery, the combined method being too uncertain; and that the combined turning should only then be made when the mouth of the uterus is partially dilated, while in complete dilatation the combined turning should not be entertained, or only then when the version of the fetus can be readily accomplished in this manner. Others give opinions still less positively, recommending the execution of the combined turning

where version is indicated at a time when external manipulations have failed, the inner, namely with the entire introduced hand, can not yet be executed. When, under these circumstances, the practitioner is already made doubtful whether combined version is only a theoretical teaching, devoid of all practical basis, its acceptance will be much hindered when, as has recently occurred, that such version is condemned by Professors Spiegelberg and Kleinwächter, in just those cases where its advocates especially recommended it, viz., in placenta prævia.

Since the beginning of my clinical experience I have given the method of combined turning my especial attention and study, and have omitted no opportunity to test its applicability. Within the past four years, to the fall of 1876, as assistant of the Berlin Clinic and in private practice, I have made one hundred and eighty-one versions by the feet. The indications of these versions were partly oblique and transverse positions, partly frontal presentations, preventing apparently the advancement of the head, on account of contraction of the pelvis, or a prolapsed funis, or placenta prævia, and other reasons demanding the conclusion of the labor. In the majority of the cases I was obliged to operate a considerable time after the rupture of the waters, as the nature of an out-door clinic brings with itself. In all these cases external manipulations were without any influence upon the position of the fetus; and in all I undertook the combined turning, and concluded one hundred and twenty out of the one hundred and eighty-one cases in this manner.

By combined turning by the feet, I understand that procedure by which the greater part of the hand is introduced into the vagina only; then introducing one to two fingers, or in the most difficult cases four fingers, into the os uteri, but always excluding the thumb, and pushing the presenting part to one side of the internal os uteri, at the same time energetically supporting by the externally applied hand, seize or pull down a foot or a knee, which is to be pushed down by the externally applied hand: while by aid of the drawn-down foot

the breech is guided into the pelvic brim, the externally applied hand completes the changing of the child by pushing the head to the fundus.

To accomplish this version, the female, with few exceptions, was laid on that side upon which the fetal feet lay, introducing from behind the hand *heteroïme* to that side. As a rule, even when the mouth of the womb was entirely dilated, only two fingers were introduced into the cervix, and passed beyond the internal os uteri. The firmer the impaction of the presenting part of the fetus, and the more difficult to push the same up, three fingers, or the half of the hand, was used in the first act of the version, for the dislodgment of the presenting part. The dislodgment of the fetus by this method was not always easily accomplished; especially at times did it cause serious difficulty to push the feet downward by external manipulations.

Nevertheless, out of the one hundred and twenty cases, I have never seen any injury done to the mother by this version. Three of them died shortly after delivery from lesion of the cervix, the effect of forced extraction in placenta prævia; ten in child-bed, and nine of these from septicæmia after placenta prævia. In how far the child has sustained damage by the combined version, can not, from the manifold dangers attending extraction, be readily ascertained. Forty-four of the children were still-born; of these seventeen were positively dead before version was undertaken, two were not viable, in two embryotomy had to be performed, and twenty-one died during the delivery.

The only obstacle which the combined version can not overcome, is the firm contraction of the uterus upon the fetus. The loss of the amniotic fluid alone can not be of controlling influence in the decision of these cases; for often I have been enabled, some days after the waters had been discharged, to execute the version of the fetus by the combined method.

When the contraction is of the nature that it requires the introduction of the whole hand to accomplish version, we are only able to answer the question as to the value of this

method after production of narcosis; for how often, do we not observe how rapidly, the versions succeed by the combined manipulations when, under the influence of chloroform or morphia we begin to manipulate, while just before the fetus seemed to lie entirely immovable under contractions. Under the influence of the above named agents the irregular spasmodic contractions cease as a rule, and one or two fingers can be more readily and delicately introduced along the head or the compressed part, than the whole hand. Less easily can the contraction upon the fetus be overcome by long-continued, regular uterine activity, especially if the presenting part has been considerably pushed down.

These are the cases in which the combined procedure for version was without result. Here it was that the introduction of the entire hand alone saved me from the necessity of embryotomy, which latter I have until yet not been obliged to perform, notwithstanding the fact that I have met with quite a number of very desperate cases. Only then should we desist from longer continued efforts by the combined method, when, by long continued labor, the womb is firmly contracted upon the fetus.

The other contra-indications named by authors I have not found verified as such. It is further claimed that the combined turning does not give immediate desired results in cases of sudden danger. I have never more quickly and safely executed version than by the combined method. It is claimed that in prolapse of the hand the combined method can not be executed. In eleven of my cases there was prolapse of the arm, and the same has never bothered me by the combined version. Furthermore it is claimed that the dead fetus can not be turned in this manner. In seventeen cases of ascertained death, in which many of the fetûs were entirely rotten, I have employed the combined turning.

Finally, it is claimed that the combined version was not practicable in placenta prævia. In twenty-nine of these cases I had to execute version, and in all I turned the fetus by combined inner and outer manipulations, irrespective of whether

the placenta was centrally or laterally attached. In all cases the operation was connected with an insignificant hemorrhage; and had I been satisfied with the turning of the child, and not allowed myself to be influenced by the suggestions of others, depending upon the dilatability of the mouth of the womb, and had I not proceeded in these cases to immediate extraction, I should not so seriously have injured those three of the above mentioned patients. Especially in placenta prævia I have learned to value the gentleness of the combined version, and can therefore recommend its use in just such cases.

It may be objected that even according to my figures I have found it necessary to employ the entire hand in thirty-three per cent. of the cases, which seems like a desertion of the combined method. But when it is considered that the number of cases, in which the combined method was employed, would have been increased by about thirty had I not left the easier cases to the practitioners assisting me; and, furthermore, that in nineteen out of sixty-one cases there had occurred most remarkable errors before the task came to me to execute the delivery, and as already before stated at times many hours had elapsed before I could reach the patient, it will be allowed that, under more favorable circumstances, the number of cases requiring the introduction of the entire hand, as an ultimate refuge, would have been greatly diminished.

I am forced to the conclusion, when reviewing the number of cases of version, that the combined method deserves a far greater application than it has hitherto had. Not only should it be attempted in cases of partially dilated os uteri, or in cases of an easily moved fetus, nor must we go to work timidly and doubtfully, but employ the same patience and perseverance which we have hitherto employed in versions by introducing the entire hand; then we will be enabled to more surely save our patients from the evil results which the version of the fetus in utero by the inner manipulations not very infrequently produces.

BERLIN, GERMANY.

PROCEEDINGS OF THE THIRD ANNUAL MEETING
OF THE TRI-STATE MEDICAL SOCIETY.

BY ALLISON MAXWELL, M. D.

The society convened in Evansville, Ind., October 17th. Dr. George B. Walker was made temporary chairman, after which Dr. M. J. Bray welcomed the society on behalf of the physicians of Evansville. After referring to the early career of medicine in Evansville, he spoke of its present standing in the city and also in the state. He said "no physician ought to encourage a young man to begin the study of medicine who has not a suitable education and industrious habits, with abilities of such high order as will insure success." Dr. Bray gave an interesting review of medicine up to the seventeenth century, at which time it began to make such rapid strides as a true science.

At the afternoon session, Dr. W. H. Byford, of Chicago, president of the society, occupied the chair.

Dr. J. S. Jewell, of Chicago, being asked to address the society, gave a brief extemporaneous disquisition on the vasomotor system, referring to the origin, distribution and functions of these nerves.

Following Dr. Jewell, Dr. W. Porter, of St. Louis, read a paper on "Syphilis in the Air Passages." The writer called attention to a symptom of syphilis generally found in the inherited disease, though possibly in the acquired, namely, "After the mucous membrane and periosteum, overlying the bones which form the roof of the mouth, have been infiltrated with syphilitic inflammatory matter, softening may take place and the bones become impaired and weakened. The strength of the arch being lost, the tendency is to a narrowing of the fauces and a consequent increase in the height of the roof of the mouth. The other symptoms may for the most part pass away, but this remains; and from a number of cases examined, and from the corroborative testimony of my friends, I

am inclined to add this to the list of symptoms of hereditary syphilis." The paper was discussed by many of the members.

Dr. J. W. Compton, of Evansville, read a lengthy paper on the subject of State Medicine and Hygiene, advocating the enactment by the state of judicious sanitary laws, the proper enforcement of which would result in great and mutual benefit to the state and citizens. To have such a law we must present to our public men and legislators, in a plain and practical manner, the advantages to be derived by its enactment. A plan suggested by Dr. C. is that the State Medical Society of Indiana be constituted a State Board of Health, which society shall appoint seven of its members to represent it as a Board of Health; that this board divide the state into districts, and appoint sub-boards and assign their duties. In this way mortuary and vital statistics would be collected, and sanitary laws promulgated.

At the night session, an extensive paper on Obstetrics was read by Dr. George B. Walker, of Evansville, giving a résumé of eight hundred and twenty-four obstetrical cases, in which he had met with many forms of dystocia, the treatment of which he narrated in simple but very expressive language. The discussion of this paper was prolonged, and not concluded till the next day.

Dr. Walker said that in face cases he generally turned and delivered. This treatment was objected to by some of the members, who maintained that turning was more dangerous to mother and child than allowing the face case to continue.

Dr. Hibberd, of Richmond, Ind., said in regard to puerperal convulsions that the members of their county society had found that veratrum viride, fifteen drops every twenty minutes, would usually control the convulsions in a short time, sometimes as much as one hundred and twenty drops being necessary.

The question of chloroform being under consideration, Dr. Byford, of Chicago, said that during labor he generally used chloroform, a few drops on a handkerchief, permitting the patient to administer it by holding the handkerchief in her

own hand, thus taking off the sharp edge of the pain; but he wished to be recorded as decidedly opposed to the use of chloroform in protracted operations, the anæsthetic he preferred being ether. The treatment he would recommend in eclampsia was a cathartic, followed by chloral sufficient to control the convulsions.

Dr. Jewell, of Chicago, remarked that chloroform produced paralysis of the vaso-motor nerves, thereby causing the heart's action to cease; but notwithstanding this, with a preface of a dose of morphia before administering chloroform, and the nitrite of amyl at hand for administration in case pallor of the face comes on, he predicted that within ten years chloroform would supersede ether. In regard to the use of forceps, he employed them very frequently in normal labors, thus preventing several hours of suffering and the exhaustion which would ensue if the labor was allowed to take its own course. This question of forceps in natural and not greatly prolonged labor was discussed at great length, even to tediousness, the members being divided into the old and new school of obstetrics.

Dr. Hibberd next read a paper entitled "The proper management of the instinctive operations of the human system," dwelling more especially upon the instinctive function of the intestinal tract, and "functional constipation." Constipation is easily relieved temporarily, he said, but a permanent cure is an *opprobrium in edici*; but he believed it could be cured, and should be, as it causes piles, fissure, indigestion, headache, etc. Dr. H. related a case where habitual effort every morning succeeded in curing a case of long continued constipation. Will it always succeed? The answer is, it will if faithfully carried out.

Dr. Jewell discussed the paper at some length, saying that recently a new function of the liver had been discovered, viz., to destroy poisons circulating in the blood, for enough nicotine to produce death had been injected into the portal vein of a certain animal, and it had proved innocuous.

Dr. Ireland, of Louisville, always recommended an effort at stool at a positive and regular hour, and was in the habit of having his patients use cold water injections.

Dr. Center, of Evansville, exhibited a sort of anal speculum, which he had used in three cases of constipation, due to a constriction of the sphincter ani. He dilated the anus thoroughly and the patients evacuated the bowels, one of them almost a gallon of fecal matter, after which they were apparently cured.

Dr. Cook, of Henderson, Ky., not being present, his paper on Malarial Coma was read by Dr. Letcher. The treatment he had pursued for the past three years was cinchonidia, which he had found almost as certain as quinia.

Dr. Gerrish, of Seymour, thought that cinchonidia was almost as good as quinia when given in larger doses, and he uses it in malarial disorders unless it is of vital importance to produce a certain and immediate effect in a desperate case, then he used quinia.

Dr. Rumbold, of St. Louis, exhibited various instruments for the treatment of catarrhal affections of the nose, pharynx and bronchi, explaining the method of using and the medicines to be applied. One solution to be atomized, which he recommended in catarrh, was—

| | | |
|-------------------|-----------|----------|
| ℞ Acid. carbolic, | | gr. xii |
| Glycerinæ (puræ), | | ℥ ij |
| Pini Canadensis, | | ℥ j |
| Aquæ bul., | | ℥ vi. M. |

Dr. Singleton, of Paducah, next read a paper in true Ciceroian style, on "Conservative Science." Among other points emphasized was the fact that we improve our breeds of horses, hogs and poultry, while we do not improve the breed of the human race.

At the afternoon session, Dr. Ireland, of Louisville, read a paper, subject—"Some of the Duties and Responsibilities of Obstetricians and Gynecologists." The paper partook rather of the popular nature, as Dr. I. had expected to read it to a mixed audience.

Following this paper was one by Dr. Edwin Walker, of Evansville, reporting four interesting cases of syphilis of the nervous system.

In the evening Dr. Byford lectured to an appreciative audience on "Some of the evils arising from our rapid advance in civilization." The evils referred to were the indolence springing up among the masses, partly caused by labor-saving machines, and from the idea that labor is degrading; the immorality and crime of our large cities, from which flow continual sorrows and physical ills; the nervous affections caused by our rapid manner of living, and by the various impressions received by the senses in a crowded city, as by the ear from the ringing of bells, the rattling of heavy wagons over the streets, the noise of steam engines, etc. We can not do Dr. Byford justice in a synopsis, but refer the reader to the Evansville Journal of October 18th for a full report.

After the lecture, Dr. and Mrs. C. P. Bacon entertained the society and their friends at their handsome residence, in a manner that vied with the known hospitality of their Kentucky neighbors.

On Thursday morning, Dr. Harvey, of Indianapolis, read a paper on "Rectal Fissures and their Treatment," recommending the elastic ligature; Dr. Stevens, of Indianapolis, read a paper on Public Hygiene in Indiana; Dr. Burton, of Mitchell, read a paper on the subject of a State Board of Health, and gave some of his experience, which was discouraging, as to the wishes of many doctors in regard to the feasibility of a board, and their answers relating to sanitary questions which he had proposed.

Dr. Hibberd, chairman of committee on necrology, reported the death of Drs. Ezra Reid and Armstrong, of Terre Haute, with appropriate resolutions.

Springfield, Ill., was selected as the place for the next meeting, the second Tuesday in November, 1878.

In the afternoon the society visited the graded schools of Evansville, which have gained such a reputation throughout Indiana. At night, as a finale, there was a grand banquet

and ball at the St. George Hotel, given by the resident physicians in honor of the assembly of doctors. Toasts were responded to by many, and the occasion was such as to make Evansville doctors long remembered for their generous hospitality.

INDIANAPOLIS.

SKIMMED MILK, AN IMPORTANT ADJUNCT IN THE TREATMENT OF CATARRH OF THE BLAD- DER AND CYSTITIS.

BY GEORGE N. MONETTE, M. D.

Gonorrhœa is the legitimate parent of catarrh of the bladder, as well as the cause of cystitis. Though the terms are not synonymous, yet they are identical, being indicative of different stages of the same disease, inflammation of the bladder. I have had many cases of catarrh, consequent upon protracted gonorrhœal attacks, causing stricture and thereby inducing the catarrh. The symptoms of either catarrh of the bladder or cystitis are more violent and distressing than an organic stricture, and equally as painful as an urinary calculus. The strangury is intense, and as long as the ureters convey urine into the bladder, so long does the scalding pain continue. Micturition affords only temporary relief, and really intensifies the desire to urinate, for if a large amount of urine could be retained in the bladder, the ammoniacal decomposition would virtually dilute the influx, and the bladder thus acquire a tolerance of the contained urine, mingled with the mucoid secretion. The metallic sound can only decide satisfactorily as to the presence or not of urinary calculus, because the chain of subjective symptoms is so similar in cystitis, stricture and stone, that to be perfectly safe in your diagnosis the sound had better be used to differentiate. Stone, however, is

more to be apprehended in limestone countries than in the southern portion of the United States.

In my practice, excluding the presence of an urinary calculus as a primitive source of catarrh or cystitis, I must accredit to gonorrhœa the causation of catarrh, cystitis and stricture, primarily in some cases and secondarily in others. I have had patients consult me for stricture when the largest bougie could be passed; yet upon a close catechism and examination of the urine, I have found them suffering with the most excruciating agony from catarrh of the bladder and not from stricture of the urethra. In fact they had been treated for stricture up to the date of application to me for relief. I have thrown aside instruments and put them upon skimmed milk, with the following prescription:

R Quiniae hypophosphitis, 3 ss
Ferri pyrophosphatis, 3 ss
Pulv. ergotini (or Bonjean's), . . . gr. xv
Ext. nucis vomicæ, gr. vii

M. ft. pil. No. xv. Sig. one to be taken every four hours.

The above, in addition to the skimmed milk, has invariably been successful in a comparatively brief period of time. Skimmed milk has been used frequently enough to decide its peculiar specific virtues, independently of other internal treatment, which treatment of course is clearly indicated. In these cases I have abandoned the vaunted astringent injections into the bladder, for the more pleasant and readily administered medicine skimmed milk, and can cheerfully confirm all that has been written of its influence in albuminuria as applicable to cases of catarrh of the bladder and cystitis, the latter when not of too long standing.

NEW ORLEANS, LA.

CHURCHILL'S TINCTURE OF IODINE.

BY THEOPHILUS PARVIN, M. D.

Churchill's tincture of iodine is so valuable in uterine therapeutics, it is to be regretted that druggists are not more generally familiar with its preparation. It has happened to me within a few weeks to have two prescriptions for this tincture filled, in one case, with the ordinary tincture, in the other with the so-called colorless tincture. Even when an eminent teacher in a college of pharmacy was applied to by an Indianapolis druggist for the formula for Churchill's tincture, he gave one for a compound of iodine and chloral in alcohol, and also referred to the solution of iodine in glycerine advised by Thomas!

The following is Churchill's formula as given in the fifth edition of his *Diseases of Women*: he stated then, 1864, that he had been using it for twenty years:

R Iodin. pur., ℥ iiss
 Iodid. potassi, ℥ ss
 Spt. rectificat., f ℥ xii
 Alcohol, f ℥ iv. Solve.

After employing this tincture for thirteen years, I know no single agent used in the local treatment of uterine disorders at all equal to it. It may be used as a stimulant, alterative, counter-irritant, caustic, and as a hemostatic, and for the purpose of exciting absorption of hypertrophied tissue. Its hemostatic properties are of especial utility in the treatment of hemorrhagic endometritis, and after the use of the curette or forceps in the removal of the smaller intra-uterine growths, hypertrophies of the glandular and vascular elements of the lining membrane.

INDIANAPOLIS.

Reviews.

Transactions of the Indiana State Medical Society, 1877—Twenty-Seventh Annual Session.

This is a neatly bound book of one hundred and seventy pages; one hundred and twenty-two pages contain the thirteen papers published, twenty-six record the minutes of the meeting, and twenty-two are given to the organization and membership of the society.

By the title-page we learn that the meeting occurred in 1877, by examining the opening minute one is advised that it began in Indianapolis on a Tuesday morning in May, and by reference to the second day's proceedings one is informed that it was held on the 16th of May; so that, putting all these things together, it is ascertained that the twenty-seventh annual session of the Indiana State Medical Society began at Indianapolis on the 15th day of May, 1877, and continued two days.

Among the modern means of improvement of guilds of whatever character, convocations, at longer or shorter intervals, are regarded with marked favor. Preachers meet together annually or oftener, and so do general scientists, special scientists, boards of trade, eleemosynary, beneficiary and reformatory organizations, women suffragists, and in short all associations of people in whom there is the spirit of progress or the hope of improvement. Doctors are especially prone to these gatherings, and that they appreciate the good there is in them is manifest in the fact that they meet weekly in city societies, monthly in county societies, semi-annually in district societies, and yearly in state and national associations. These gatherings bring together all grades of talent in the

profession, from those who devote themselves to special lines of investigation and are acknowledged leaders in their departments, to those humble and practical disciples of Esculapius—urban, suburban and rural—who ask every prominent doctor they can get at, what is the best *receipt* for curing neuralgia.

The mingling of doctors in these meetings makes them better acquainted with each other, softens their manners, tones down the hauteur of the vain, tones up the reserve of the timid, and improves their social bearing and intercourse generally. Professionally much good is often done directly by the presentation of papers, and the discussions that arise frequently open up surprising stores of professional lore and logic and—the reverse. There is no question about the beneficial influence of these exercises on the attendants of the meetings; but there is room for very grave doubt whether the best interests of medicine are subserved by publishing these papers in the style and form of the volume under notice. There were probably six hundred copies of this volume of Transactions distributed to as many members of the State Society, at an expense of more than five hundred dollars. What is there in it that, dissociated from the circumstances of its presentation to the society, is of sufficient importance to warrant the expense of its publication, or the consumption of time in its perusal? Let us briefly examine the papers that make up this volume.

The first article is the President's address on Empiricism, a very superficial treatment of a very common theme.

"Gordon's Method of Treatment of Colles's Fracture of the Radius," is the lengthy caption of a short paper by John Chambers, M. D., of Indianapolis. The paper is an excellent presentation of an important subject of practical, every-day business, bringing out discussion as to the various modes in which this troublesome accident has been, and is now, managed. Its consideration appears to have been instructive and profitable, but its publication in a popular medical journal would carry it to a much larger circle of readers than it will find in these transactions.

"The Medical Witness," by Wilson Hobbs, M. D., Knightstown, is the third essay. Its main point is to set out that there is a sharp distinction between the physician who is required to testify to facts of his own observation, and the physician who is called to give the professional conclusions to be drawn from the testimony of others. In the first case the doctor is no more than an ordinary witness, controlled by the same rules and entitled to the same fees; in the last case, the doctor is an expert, and can not be compelled to testify against his will, and may require his fee before he delivers his professional opinion. These points are clearly set forth, the conclusions of the paper generally correct, and the advice to medical witnesses for the most part good; but the learned author must have had a *lapse* in his moral stamina and professional integrity, when he penned this paragraph:

"I can conceive of no place where I would more cunningly conceal, and more obstinately defend an error, than on cross-examination, a misstatement in my examination-in-chief. I could scarcely be induced to admit or correct it, except by the certainty of disaster if not acknowledged. When one proposition has been taken from your subject, it is impossible to reason the extent of the injury the whole structure will sustain, however well the other parts may have been built."

The phraseology of this paragraph is not perfect, but it seems to justify the idea that the doctor had it in his thoughts that one chief purpose of a medical witness was to establish his own infallibility, and another to aid the party whose cause he had espoused. Clearly and certainly the duty of a witness, common or expert, first, last and continually, is to tell the truth, pure and simple as it is in him, let its effect fall how, and when and where it may; and if he find, on his cross-examination, that he has made a mistake in his direct testimony—and let him remember that to err is human—he has a hollow heart and an unsound head, if he do not correct it as soon as discovered; in short, he has committed perjury.

"How to secure Medical Legislation," by J. W. Hervey, M. D., of Indianapolis, is the fourth paper, and is a concise,

well written presentation of the author's views of what the profession should do to bring about the required legislation for the institution and maintenance of proper State medicine. He thinks a State Board of Health should be composed of eminent men, and that they should all be of the regular medical profession; but as public sentiment is not such as to sustain a law that makes this requirement, he suggests that the State Society create a standing committee on State Medicine, who shall gather and arrange the facts concerning public health for presentation to the public through the newspapers, in such an impressive and instructive manner that presently popular sentiment will be educated up to seeing the necessity of the extension of the service, and so influence the law-making authority that they will do the required legislation, and be sustained by a sound public opinion.

Dr. Hervey is earnest, but not dogmatic, in his advocacy of his scheme, and probably has the support of a large majority of the profession to his general proposition; and yet there is room for serious doubt whether his idea that the public sanitary service should be exclusively in the hands of doctors, and all of them of the scientific school, is not a mistake.

"Dilatation and Contraction of Blood-Vessels and Tubular Structures," by R. E. Haughton, M. D., of Indianapolis, is one of those elaborate, laborious, jumbled and involved dissertations on a fanciful theme, where the hard-working devotee seems not to have wrought out for himself any well defined conception of his subject, and consequently does not present anything satisfactory to his readers. He mixes up the editorial "we" and the correspondential "I," in such manner as to convince that he did not quite clearly conceive what position he occupied; and then he invokes the aid of mathematics for the sake of precision, and gives this as the third statement of an algebraic equation to demonstrate the relation of the cerebro-spinal and sympathetic systems of nerves: "3. The interpretation of stimulation by galvanization, which is shown to be, in experimental observation, contraction of tubular structures." Certainly! the unknown quan-

tity is made obvious. And on page 63, speaking of the sympathetic, he says: "Branches of distribution to the arteries of supply, especially in the viscera throughout the body, forming upon the vessels plexuses which encircle them, and are both spinal and sympathetic." On page 64—"Touching the question of origin of the sympathetic, most, if not all, the recent investigators agree that it has origin in the cerebro-spinal system, and that the class of nerves called vaso-motor are derived exclusively from the cerebro-spinal system, and do not originate in the ganglia of the sympathetic." On page 66—"We remark, *en passant*, that it is now definitely accepted that vaso-motor nerves belong to the sympathetic, and may yet have origin in centers in the cerebro-spinal axis." On p. 68: "Investigators have demonstrated experimentally, in the most conclusive manner, 'that vaso-motor nerves are derived from the cerebro-spinal centers; but there is no proof going to show that the filaments going from sympathetic ganglia into cerebro-spinal centers, do not have centers of influence in the same location.'" It seems a pity that so much industry and earnestness should not have had a more definite result, or been presented with greater lucidity.

"The Therapeutic Properties of Opium," by L. L. Todd, M. D., of Indianapolis, is the sixth essay of the series. "In offering a paper on so trite a topic, there is but little promise of originality," is the opening sentence of the paper, and the "little promise" is realized to the end. The essay appears to have been originally presented to the Marion County Medical Society, and reported thence to the State Society. It is well written, and may have elicited valuable debate when first presented; but there is nothing in it as published to make it apparent why the county society sent it up to the state society. One can but regret that the essayist did not see fit to say a word, or suggest a caution, about the danger of doctors directing the use of opium in such manner as to lead some of their patients to become slaves to their appetite for it, when no condition requiring its aid shall be present.

"The Indiscriminate Use of Hypodermic Medication," by

J. I. Rooker, M. D., of Noblesville, Ind. This two-page paper is the result, doubtless, of a short, sharp, professional irritation in its author, from collision with a doctor with a hypodermic syringe, during which he is probably not responsible for the vagaries of his pen.

"Two Cases of Fatal Perityphlitis," by William Lomax, M. D., of Marion, Ind., is the eighth paper of the volume. There were two brothers, aged respectively seventeen and twenty years, who died of perityphlitis, and an examination of the latter was made post mortem. Such cases make valuable reports to such societies in the way of calling out unusual experiences from medical gentlemen hearing them, but if it be of any further benefit, for statistics or otherwise, they should go to a popular medical journal and not be buried in an unread transactions.

"A Case of Anencephalia," by B. J. Hon, M. D., of Orleans, Ind. Except as a foundation for talk, the report of such a case of monstrosity has no value.

"Cancer," by S. C. Weddington, M. D., of Jonesboro, Ind. This is the tenth paper of the book, and in it there is nothing new and nothing old so attractively presented as to entitle it to publication.

"A Case of Inguinal Hernia," by E. K. Frierwood, M. D., North Grove, Ind. The doctor had a common case of strangulated inguinal hernia; he operated and his patient recovered, and—that's all.

"Hereditary Transmission of Disease," by J. Pennington, M. D., of Milton, Ind. A farmer for forty years had an ulcer on his leg, for which the leg was ultimately amputated, and the farmer died of pyæmia. He begot six children before the advent of his sore leg, all living in health. He begot six children while his leg was diseased, four of whom are dead and two in ill health. Another farmer had nine children, one born before he became affected with an ulcerated ankle-joint, and eight while the damaged joint existed. The oldest and youngest children are living in fair health; the others are dead, five of consumption, one of cancer, one in infancy. From these

data the author draws the inference that imperfect fathers beget imperfect children, and *vice versa*.

"A Case of Placenta Prævia," by S. C. Weddington, M. D., of Jonesboro, Ind., is the thirteenth and last paper. Dr. W. had a case of placenta prævia, gave ergot, turned and delivered easily; mother and child both did well. Another very good case to talk about, but for publication in such book *cui bono?*

Does not this review justify the proposition submitted in the opening of this article, that there may be medical meetings of both interest and value to those composing them, and yet their transactions not be of such character as to make it the part of wisdom to publish them in a book.

According to the minutes, there were ninety members in attendance at the meeting of the State Society that furnished the material for the volume under notice; and surely these thirteen papers do not represent the best thought of these ninety physicians. And, further, the whole number of members of the State Society is shown to be about six hundred, and but ninety of these attending the annual meeting, indicates a great want of interest in its affairs from some cause. Moreover, there are only forty-six county medical societies in the state, while there are ninety-two counties, showing that but one-half the counties avail themselves of their privileges in this behalf. Altogether there appears to be a professional apathy in the state, a lack of that *esprit du corps* one would expect to meet with in so fine a body of men as constitute the medical fraternity of Indiana.

Cutaneous and Venereal Memoranda. By HENRY G. PIFFARD, A. M., M. D., and GEORGE HENRY FOX, A. M., M. D. New York: William Wood and Co. 1877. 16mo., pp. 296.

In this little work the authors say they "have endeavored to inculcate principles rather than elaborate details, and pre-

sent the facts in as compact a form as possible;" and a perusal of the book will show that they have done both in a practical manner. Several chapters are devoted in general to the anatomy, physiology and pathology of the skin, and to symptomatology, diagnosis, nomenclature and classification, followed by a description of each of the various forms of skin disease, its course, diagnosis, prognosis and treatment. The treatment is so limited sometimes, as to cause the reader to wish for a little more light upon the subject; but if the book creates a desire among students and general practitioners for a clearer conception and knowledge of skin disease, it will have accomplished a praiseworthy mission. As the book is inexpensive, we would strongly recommend those who have no work on the subject to procure it.

A. M.

The Ear: Its Anatomy, Physiology and Diseases. A Practical Treatise for the Use of Medical Students and Practitioners. By CHARLES H. BURNETT, A. M., M. D., Aural Surgeon to the Presbyterian Hospital, etc. Philadelphia: Henry C. Lea. 1877. 8vo., pp. 606.

It is a fact well known that very few physicians possess accurate knowledge sufficient to diagnose the more common forms of ear disease, it being a field of medicine comparatively neglected by the general practitioner. An earache or deafness caused by hardened cerumen, which might easily be relieved by thorough washings with the ear syringe, has often been left to worry the patient for days and weeks; an otorrhœa which, by simple judicious treatment, might have been cured, is allowed to continue till it destroys the membrana tympana and permanently impairs the hearing.

In reference to otorrhœa, the result of chronic purulent inflammation of the middle ear, the author says the hearing is generally gone beyond hope of recovery before treatment is sought for, and the surgeon, finding the hearing gone, too often advises the patient to let the discharge alone, "that it

will dry up," etc. He further says his doctor should teach him that a disease which has destroyed the hearing, can destroy the life; for "unhesitatingly it can be said that unless the otorrhœa is cured, the disease will surely extend to the brain." "If it does not reach the brain, it will be because the patient will die of pyæmia and metastatic abscesses before the central organ in the skull is reached."

In alluding to the nasal douche, about the use of which there is such a diversity of opinion among aural surgeons, the writer says: "A universal mistake of physicians and patients is to place the vessel holding the fluid at a very great height above the head. The surface of the fluid in the douche-bottle must have only that elevation above the nose sufficient to carry the irrigation into the naso-pharynx. If the vessel is held or placed higher than this, it is plain that the fluid used may be forced too high, even into the frontal sinuses and tympana. Before the nasal douche is used by the patient, the surgeon should satisfy himself that there are no obstructions to the passage of the water through either nostril. An obstacle to the return current of the irrigating stream would be just as dangerous as too high a position of the source."

After using the douche, the patient should be as careful about going into the cold air as after a warm bath.

Excision of the tonsils is considered rarely, if ever, necessary in aural surgery, but is deemed positively harmful. If the tonsils are to be diminished in size, an application of London paste is recommended. Dr. Burnett might have given the formula for this paste, as but few practitioners will know it.

The book is handsomely illustrated with eighty-seven cuts, and is divided into two parts: the first treats of the anatomy and physiology of the ear; the second, of the diseases of the ear and their treatment. The style of writing is simple, practical and plain, the subject-matter very complete; and it will surprise the uninitiated in the treatment of these diseases, how easily they may obtain valuable knowledge from the study of its pages.

A. M.

Some General Ideas concerning Medical Reform. By DAVID HUNT, M. D. Boston: A. Williams and Co. New York: William Wood and Co. 1877.

The reading of Dr. Hunt's fifty pages is a pleasant task, for he writes with great vigor, enriches his thoughts with treasures of history and philosophy, and strikes some quick and hard blows at certain real or supposed evils. But the understanding the work, the knowing at all times just what the author wants to pull down or put up, and why this or that should be done, and just how medical reform is to be effected, herein is our trouble. Suppose Boston does not do as much scientific work, not one-tenth or one-hundredth as much, as Heidelberg; that preliminary examinations are of doubtful value; that medical colleges fail in teaching research and practical knowledge; that the Massachusetts' complaints against the American Medical Association Massachusetts has no right to make; that merit is not the passport to professional position; that the representative local society of Boston, the Suffolk, is held in utter and richly deserved contempt; that New England's sole medical journal languishes; that members of the American Ophthalmological Society can not advertise themselves as oculists; that all meritorious Boston gynecologists are not members of the American Gynecological Society, etc.: let all these things be true, though some of the assertions of Dr. Hunt might be challenged as only half truths, is the good to be built up by declamation against evil? Iconoclasm is a barren work, and pessimism has no living fruit. Commend the good, point out the progress, praise the advance; men's minds and hearts may be kindled into light and life by a gospel, when anathemas can only kill.

Clinic of the Month.

ON THE ETIOLOGY OF HYDRAMNIOS.—The following article by Dr. Henry Gervis, is taken from the St. Thomas's Hospital Reports (Vol. VII, New Series):

Among the unsettled questions of obstetric medicine the cause of the condition called hydramnios or dropsy of the amnion still holds a place. Thus, Dr. Playfair referring to it writes, "Its precise cause is still a matter of doubt. By some it is referred to inflammation of the amnion itself; at other times it is apparently connected with some morbid state of the decidua." Dr. Leishman says, "It has been supposed to be due to inflammation of the amnion, constitutional syphilis, or to some diseased condition of the fetus; but although all these theories are possible, none of them have up to this period been demonstrated." Caseaux says, "Il est impossible dans l'état actuel de la science de préciser la cause de cette singulière affection." Earlier authors write in the same strain. It has occurred to me that if the source of the liquor amnii can be established, it will become less difficult to understand the cause of its occasional excess. The pathology of the disease will be elucidated by a reference to the physiology of the structures involved. Some have held the liquor amnii to be derived from the mother, others from the fetus, and others from both. That it is not, at all events wholly, of embryonic origin may, I think, be held to be proved by the fact, as stated by Schroeder, that in cases where the embryo has become atrophied, or has even entirely disappeared, nevertheless liquor amnii has been present, and in an amount corresponding to the age of the ovum without reference to the embryo. It contains, doubtless, certain fetal contributions, such as epider-

mic scales, urinary constituents, and more rarely, and generally only toward the end of gestation, traces of meconium, but all of varying amount, and not of its essence. Essentially it is a limpid, serous fluid, of slightly alkaline reaction, containing a trace of albumen and some saline constituents, especially chloride of sodium and phosphate of lime; and only with the progress of gestation does it contain the other matters referred to, urea, thrown-off epidermic scales, lanugo and meconium. Of these the urea is the most constant and important, and undoubtedly represents a certain amount of renal secretion habitually added to the liquor amnii. That this is so is proved by the occasional occurrence of congenital hydronephrosis of one or both kidneys by obstruction in some part of the urinary system. The theory that the liquor amnii is derived from the fetus by transudation through its skin is also, I think, sufficiently disproved by the observation of Schroeder, already quoted, as to its presence in amniotic sacs where the fetus has become wholly blighted. If, therefore, the liquor amnii proper, the liquor amnii as it exists before receiving the contributions referred to, be not of fetal origin, it must of necessity be derived from the mother, and among the maternal structures which can produce it, it would appear unnecessary to look beyond the amnion itself. The amnion is a serous membrane both in its derivation and structure; its derivation being from the serous layer of the blastodermic membrane, and its structure a layer of pavement epithelium, resting on a fibrous basement membrane, attached by a layer of connective tissue to the subjacent chorion. It has, therefore, every requisite for the secretion of a serous fluid, its lining of epithelial cells, as suggested by Dr. Priestley, being the immediate agents in the process; and if this view of the source of the liquor amnii, sustained as it is both by the character of the fluid and by the character of the sac which contains it, be accepted, then its occasional excess should be as capable of explanation as in the case of serous effusions elsewhere.

The majority of cases, if not all, may, I think, be brought

under one of three heads. Under the first would come all those cases in which the excess is due to an inflammatory condition of the amnion. Many such are reported; but as to their relative frequency much difference of opinion exists. McClintock, in his memoir on the subject, speaks of opacity and thickening of the amnion as exceptional. Schroeder, on the other hand, regards inflammatory proliferation of the membrane as usually the primary process. It would require the collation of a large number of observations to settle the point as to the exact proportion of cases of inflammatory effusion, but for our present object it is sufficient to note that many such are recorded. Cazeaux indeed quotes from one author who gives particulars of cases in which not only was the amnion thickened, but with false membrane on its inner surface. This probably would be the cause in those cases of twin conception where but one sac is dropsical, and where, therefore, the cause must be localized in the amnion affected. These cases would be comparable with inflammatory effusions in other serous cavities, with ascites, for example, from peritonitis; or with hydrothorax from pleurisy. Under the second head would come those cases where the decidua has been found diseased and hypertrophied, but the amnion healthy, and the resemblance here would be to cases of effusion from obstructed circulation. If the decidua be so thickened, either as a result of inflammation or as an occasional sequence, according to Virchow, of constitutional syphilis, as to interfere with the passage through its tissues of venous blood, an effusion of serum will take place, which, by transudation through the amnion, will produce in its cavity an excess of fluid. It is in these cases that the nutrition of the fetus suffers most; that there is the greatest tendency to abortion, and that if gestation continue to term, the fetus is so commonly found atrophied or ill-developed; and then, lastly, hydramnios may most probably, like serous effusions elsewhere, be the result of some maternal blood dyscrasia. In this class would come, I think, many of those cases in which a tendency exists to recurrence of the dropsy in successive pregnancies. I have

known two such cases in which the tendency persisted in two and three pregnancies respectively, and in which at an early period, before kidney congestion could be the result of direct pressure, albuminuria existed and continued for some weeks after the labor was over. In these cases there are no obvious pathological changes either in the amnion or the decidua.

Under one or other, then, of these classes it appears to me all cases of hydramnios may be brought; and, if so, the apparent antagonism of the different theories held as to the origin of the disease disappears, and is resolved into the fact that no one cause accounts for every case, but that in some it may be an inflammatory effusion, in others connected with disease of the membranes external to the amnion; and in others the result of a maternal toxæmia.

CASE OF SPINA-BIFIDA CURED BY THE ELASTIC LIGATURE.

Dr. Colognese's case of spina-bifida was one which sprang from the level of the ninth dorsal vertebra. It was of the size of a large orange, had a pedunculated base, and contained transparent fluid. The skin covering it presented a normal appearance. The tumor moved with respiration and when the infant cried: a hydro-rachidian tumor was accordingly diagnosed; serous fluid was evacuated by puncture. An elastic ligature was placed around the pedicle, care being taken to avoid tightening it too much at first, and also to avoid dragging on the spinal canal or skin. The child was comfortable and slept well at first, afterward it cried a great deal and refused the breast, but ultimately, on the ninth day, the mass dropped off, leaving a healthy wound, perfectly closed, and from which no fluid escaped. (*Bull. delle Scienze Medici*; Brit. and For. Medico-Chir. Review.)

PROLAPSUS ANI TREATED BY STRETCHING OF THE SPHINCTER.

Dr. W. B. Berry, Archives of Clinical Surgery for October, says: E. M., aged thirty-four years, Ireland, married laborer; admitted August 26, 1877. Patient had never had piles or any previous trouble with the anus. On the evening of the

25th he strained very hard while at stool, and noticed a protrusion at the anus, but was unable to replace it. He went about for an hour or two, and the pain and tenesmus became very annoying. He went to stool, and the difficulty became worse. This lasted until noon of the 26th, when he came to the hospital. On admission, patient has prolapse of the anus. There is a swelling, the size, shape and appearance of a tomato. It is hard, bluish-black and painful, although less so than a few hours ago.

Treatment.—Attempts were made after elevating the pelvis to replace the protrusion, but without success. It was thought best not to apply ice on account of the danger of gangrene. The patient was then etherized, and the sphincter being thoroughly stretched with the thumbs, the part was replaced. Tannic acid was then placed in the rectum together with ice, and the patient ordered an opium pill.

August 27th. Patient had satisfactory movement of bowel, with no inconvenience. There was no tendency to protrusion.

August 28th. Discharged cured.

THERAPEUTIC NOTES ON THE CHLORIDE OF CALCIUM.—J. G. Sinclair, M. D., F. R. C. P., in the *Practitioner* for October, 1877, has an article upon this comparatively neglected remedy. For many years he has used it, employing the chloride or muriate of calcium, regarding it as a specific in strumous diseases, as iodine and cod-liver oil, its rivals, are regarded. The chloride of calcium, commonly known as the muriate of lime, must not be confounded with the chloride, more properly the hypochlorite of lime, or bleaching powder. The late Dr. Warburton Begbie had the highest opinion of the remedy, and showed the writer the case of a young lady in which he had procured the absorption of the greatest enlargement of the cervical glands on both sides he had ever seen, by the use of a solution of the muriate of lime, the case having long resisted cod-liver oil and the iodides. The writer has seen many cases of chronically indurated and enlarged glands yield to

the use of this drug, and relates a case of enormous hypertrophy of the glands on the left side of the neck, subdued by its use.

Iodine and its salts, on account of the development of their physiological symptoms, are sometimes objectionable, and especially in children, who are more susceptible to this inconvenience, is the calcium a valuable substitute. "In those premonitory derangements of the digestive and assimilative processes, which in delicate and predisposed constitutions so constantly precede or favor, if they do not indeed directly cause, the appearance of the more characteristic lesions of the strumous diathesis, the chloride of calcium is of the greatest use."

In derangements of the alimentary tract, foul tongue, enlarged tonsils, irregular evacuations, colliquative diarrhœa, and in modifying the characteristic alvine discharges in enteric fever, Dr. Coghill praises its effects.

The dose is thirty to fifty minims in a wine-glass of milk. The iodides and cod-liver oil are valuable companions to the calcium.

ERGOTININE OR CRYSTALLIZED ERGOTINE.—M. Depaul presented to the academy a paper by M. Taure upon a new crystallized alkaloid which he has extracted from ergot, and named ergotinine. This alkaloid constitutes about one hundredth part of ergot, and gives it its hemostatic properties. It has been employed in uterine hemorrhages in doses not exceeding four miligrammes in twenty-four hours, and its action is precisely the same as that of ergot. (*Gazette Obstétricale.*)

Notes and Queries.

THE BOSWELL BUSINESS. — An editorial note in our last month's issue, entitled "Every Doctor his own Boswell," has evoked two letters, which we present our readers. The first of these letters is from an eminent physician whose name is well known in all parts of the United States; the writer of the other does not furnish his name, though possibly we might guess it correctly from the style and from the post-mark of the letter. It is remarkable that the first letter is directed to one of the editors, and the second to the other, thus indicating a difference of opinion as to the authorship of the editorial note: possibly some other correspondent may conclude that note was written by neither of the editors.

We regret that our indignant X Roads friend should even seem to think the American Practitioner is lacking in respect for country practitioners. We know full well that there are just as able and learned physicians in the country as in the city. As to the title of professor we utterly abominate it, for there are professors of boot-blackening, of shaving, of table-turning, of dancing; so that the name of doctor or of physician is a higher honor than that of professor. However, here are the letters; let our readers judge them:

MY DEAR YANDELL: I hasten to congratulate you upon your courage in assailing the biographies of "the Physicians and Surgeons of America." About a year ago I wrote a paragraph inviting the attention of medical men to the impropriety of any such publication, and laying stress upon the fact that it would necessarily be a compilation of the good opinion each contributor had of himself, from which all errors, mistakes and disagreeable things would be omitted, and consequently calculated to deceive the reader, exalt the contributor,

and advertise the individual appreciation of the biographers. The journal to which I sent it never published it.

Recently a drummer, in the interest of the concern, has visited this city with a list of selected names, many of whom will probably live and die unknown to history, except through this advertising volume, and many, perhaps, ought to remain unknown. I sincerely hope other journals will follow your example, and so thoroughly expose the project as to secure its final failure as a pecuniary enterprise. * * *

DR. THEOPHILUS PARVIN—*Sir*: I am what is known as a X Roads doctor, but obscure as I am I have rights, and I do not intend to stand tamely by and see them trampled under foot by any of the aristocrats among you, who chance to dwell in cities and write professor in front of your names. I am, it is true, what the editors of the political papers call a rural rooster; but I nevertheless am a respectable physician, and as such I beg to ask, in a respectful but perfectly firm manner, why I was assailed in so personal a way in the October number of your journal? Are there, pray, to be no more ale and cakes, because you want none? Are no refreshments to be handed to the country members, because you chance to object to the mode in which it is done? I wish you to understand that, in the language of Mrs. General Gilflory, I am not to be bull-dozed—not to be bull-dozed, sir. This attempt of yours to muzzle the press is an outrage on civil and religious and all other liberty, which, as one of a free and enlightened people, I will not tolerate.

"*Every Doctor his own Boswell*," you say, and then you go cutting and slashing through two pages of your journal at such of us as have accepted the generous offer of the Philadelphia publishers. May I ask why every doctor should *not* be his own Boswell? Where, pray, is the harm in it? Can't every doctor be it for himself better than any one else can for him? Who, for instance, knows me or likes me so well as myself? Answer that, please. Who, then, is so sure to say pleasant and kindly things of me? If I don't know myself—

if I haven't known myself from an early age—if I haven't had a first class opportunity to appreciate myself, who has, I should like to be informed?

No, Dr. Parvin, you've made a mistake, a big mistake, as you'll find out before many months. All of Philadelphia, every man, woman and child, is occupied in this work—in this truly national work. Philadelphia is nothing unless national, you know. Didn't she have the Centennial Exhibition?—the International Medical Congress? Hasn't she the only really simon-pure national medical schools? Haven't her physicians the only dyed-in-the-wool national reputations? Of course they have, and you know it—I know it, we all know it—because Philadelphia says so. Now, a Philadelphia philanthropist, running over with love for our profession and yearning to do us a service, offers to give each and all of us a chance to live in history. Nay, more; he is even so generous as to allow us to make that history for ourselves. The value of such history “can not,” as this truly good man says, “be overestimated”—“especially,” as he continues, “in its effect upon the rising and future generations of medical men.” And only ten dollars for all this! *There* is an amount of pork for a shilling such as was never seen before in this grasping, greedy age. Why, what single one of us, after writing a history of himself from his youth up, wouldn't take *one* copy—“royal octavo, illustrated with engravings on steel”—on his own account, and *then* a copy or so to distribute among admiring friends? For my part, I have put my name down for five copies; one for my own use, one for each of my children, and one for my mother-in-law.

Just think of it, Dr. Editor; there are fifty thousand regular physicians in this country, and every one of these will hasten to secure at least one copy. This gives the Philadelphia lawyer—no, philanthropist—fifty thousand copies to start on. And this brings into his pocket five hundred thousand dollars, currency. Allow five copies, and this is a small estimate, to each doctor, and you have—I mean the Philadelphian has—two millions and a half of money. This beats Colonel

Sellers's Egyptian Eye-water all hollow! No one but an American could have conceived such a scheme; none but a Philadelphian would have attempted to execute it!

And yet you, a resident of a village and an injeanny village at that, have endeavored to throw cold water on this mighty enterprise. Did you ever read the story of Mrs. Partington and her broom? If nay, you had better turn to it. You'll find it among the earlier writings of that ancient female. When you've read it, ponder on its lesson.

Do you suppose, because Dr. Yandell will write your biography if he outlives you, or you will write his if you survive him, that no one else is to be biographied? We mayn't all be placed as high up in the pictures as he will put you or you him, as the case may be; but if we ain't, whose fault will it be? Not ours, I can assure you.

The army of fifty thousand, the army of martyrs, is marching on—marching on, Dr. Editor. Don't you hear their advancing tread? If you don't, you are deaf. Don't you see the air made luminous with their banners—illustrated on steel? If you don't, you are blind. Stand aside! *Places aux Dames!*

A X ROADS DOCTOR,

Whose biography, written by himself in a royal octavo, illustrated with engravings on steel, will appear at an early date.

"THE RADICAL CURE."—He was an "intelligent contraband" (newspaper correspondent 1861), "a man and brother" (New England), and had a hydrocele. He sought a hospital. The surgeon in charge used palliative means without success. One morning he remarked to the students who were following him, "having exhausted the ordinary means of cure, to-morrow I shall try the radical method." That night the man and brother quietly left the hospital. An acquaintance meeting him on the street some days after, inquired why he had quit the hospital. "Why?" answered Sambo. "Why? Kase dat surgent up dar said he was gwine to try da radical cure on me, and dis nigger bein' a dimocrat, lit out—dat's why. I want no radical in nuffin of mine; I'se a dimocrat, I is."

FOREIGN CORRESPONDENCE—LONDON LETTER.

LONDON, October 1, 1877.

This being the first day of October, the medical schools have begun their winter sessions. Of late years there has been a growing tendency to discontinue the long established custom of initiating the term with an inaugural address; and several of the schools, among them St. Bartholomew's, Guy's and the London Hospital, have established *conversaciones*, which are intended to increase the *entente cordiale* existing between teachers and students.

King's College, among others, still clings to the time-honored inaugural, and Professor Lister, the successor of the late Sir William Fergusson, had this opportunity of introducing himself to the London profession. Besides a well-filled auditorium, the lecturer was welcomed by such hearers as Sir Thos. Watson, Mr. Bowman, the celebrated ophthalmologist, Mr. Lund, of Manchester, ex-president of the British Medical Association, Mr. John Wood, Mr. Spencer Wells, and others of like reputation. We were all on tip-toe of expectation, most feeling assured that Mr. Lister would embrace this opportunity for again expressing his views on the germ theory. Nor were we far amiss, for on his entry, after being greeted with round after round of applause, he stated in a few brief introductory remarks that the subject which he had chosen for his address was "Fermentation." After a very apt illustration of the production of wine from the grape, through the influence of the yeast-plant—the *torula cerevisiæ*—he went on to explain some experiments which he had recently made with blood, both human and from the lower animals: he showed, by means of his specimens, that the fermentation or defibrinization of blood is not due to the influence of oxygen, as has been generally supposed, but instead of that may, in accordance with M. Pasteur's assertions, be directly attributed to bacteria. Specimens of blood were shown which, retained in flasks which had been heated to 300° Fahr. in order to destroy all animal matter, were, after an interval of six weeks, as fluid as when first drawn from the jugular vein. The flasks

were filled with air, care only being taken that no animal matter received entrance into them.

The substance of the address was devoted to the subject of milk and its fermentative changes; and here Professor Lister proved conclusively, by means of numerous specimens and detailed experiments, that the fermentation of milk was not due, as is generally taught, to the influence of the caseine contained in it, but was caused by the presence of primordial matter, to which he gave the name of *bacterium lactis*. That this was the true and only factor was demonstrated by the fact that in those specimens where care was taken to prevent the access of animal matter, even after a lapse of six weeks or more, and in spite of numerous thunder-storms, the milk was just as fresh and sweet as when first drawn from the udder of the cow. On the other hand, those specimens which had been preserved, without the necessary precautions being taken, had undergone all the fermentative changes common to sour, curdled milk.

The lecturer laid particular stress on the fact that if milk had been kept in a dairy, for even the shortest space of time, fermentation could only be retarded but not prevented; this could only be done if it were taken directly from the udder.

It was further proven by microscopic examination that the rapidity of fermentation progressed in direct ratio with the number of bacteria present in the specimen of milk.

I might go on to detail the experiments made and describe the specimens presented for examination, but as this would engross too much of your valuable space I desist. I have no doubt that the able address will be published in full in the *Lancet* and other papers.

The study of the diseases of the ear has always been of the greatest interest to me, and it was with pleasure that I have met and conversed with Dr. Edward Woakes, Aural Surgeon to the Throat Hospital and Surgeon-in-Chief to the Metropolitan Ear Dispensary. He is a man who has sufficient courage to entertain and enunciate some original ideas on the moot points in aural science. We have, among others, had repeated

discussions on the unsatisfactory subject of tinnitus aurium, and the ideas advanced by Dr. Woakes have struck me as so logical and conclusive that I can not refrain from communicating some of them to you. I hope that your readers will find the same as satisfactory an explanation of the disease mentioned as the writer of this has. My friend asserts that tinnitus is not a subjective symptom as has so generally been taught, but instead of that it is almost invariably dependent upon some actual pathological lesion or altered physiological function. The classification and results of tinnitus are arranged as to the local morbid conditions and the character of the sounds produced, as follows: First, there are labyrinthial congestions, which may be either arterial or venous, and the sounds produced are pulsating or rushing; general anemia and aneurisms are also common causes of tinnitus, extra-aural it is true, but also producing pulsating sounds. Catarrh of the tympanic cavity or fluid contained in the same, produces a bubbling noise, and the same condition of the Eustachian tube will appear to the patient in the form of gurgling sounds; congestion of the membrana tympani, the cavity of the tympanum, the Eustachian tubes collectively or singly, which constitute the entity of chronic non-suppurative inflammation of the middle ear, gives rise to tidal sounds. And, lastly, there are the undue contractions of the intrinsic muscles of the ear, which induce reflex irritation of the tensor tympani nerve, which takes its origin from the otic ganglion; this will produce similar noises to the one just mentioned.

The ear may be physiologically divided into the perceptive and the conductive apparatus; the first, or the nervous part, composing the vestibulum, the cochlea and the labyrinth, is supplied by vessels arising from the vertebral artery, which, as is well known, is one of the branches of the subclavian artery arising at the root of the neck, and is the nutritious artery of the brain. The *nervi vasorum*, which supply these vessels with its contractile power, are all derived from the inferior cervical ganglion of the sympathetic system. The impaired inhibition of these nervous filaments produces a

dilatation of the respective vessels, and as a result a greater flow of blood to the parts which they supply. The consequence of this hyperemia of the nervous apparatus of the ear is a noise which, being synchronous with the cardiac systole, assumes a knocking character. This is also the nature of the tinnitus produced by quinia, which, as has been demonstrated by Professor Hammond, produces a congestion of the brain and *ceteris paribus* of the brain tissue proper. Dr. Fothergill has stated it as a fact that hydrobromic acid has an antagonistic effect on the antiperiodic; and acting on this, Dr. Woakes employs the acid in all cases of congestive arterial tinnitus. I have seen numerous cases thus treated by him, Mr. Laidlaw Purves of Guy's, Mr. Lennox Browne, and other aurists, and can attest to the efficacy in this phase of the disease under consideration. The venous noises are due, according to Dr. W., to obstruction of the portal system, and the chain of reasoning is as follows:—The arterial blood of the inner ear, after it has served its purpose, is emptied into the lateral and cavernous sinuses, thence passes into the jugular vein, etc.; and if the portal system is disordered, the afflux of the deoxygenized blood is retarded, and the noises are a consequence thereof.

It is a singular fact that in spite of the plethora of medical talent in London, the schools so often find themselves compelled to go to Edinburgh in order to fill their vacant chairs; besides the call on Prof. Lister, which I have already spoken of, I hear that Dr. Matthews Duncan, the renowned obstetrician and gynecologist, has been elected to fill the position of obstetric physician to St. Bartholomew's Hospital, made vacant by the resignation of Dr. Greenhalgh.

The daily journals at present are filled with deprecatory letters commenting on the conflicting testimony given by medical experts in the Pence starvation case; some having stated that the death of the victim, Mrs. Harriet Staunton, was caused by tubercular meningitis, and others asserting that starvation was the true and only cause. It all goes to prove that *ex parte* evidence, the testimony always being influenced

by the respective advocates, is really of little or no value, as was conclusively shown in the celebrated Jackson trial which recently occurred in Louisville.

R. C. B.

SPECIALTIES IN MEDICINE AND SURGERY.—Dr. Frank H. Hamilton, in an address before the medical department of the University of Buffalo,* when speaking of the prevalence of specialties, said: The condition of matters will be best illustrated by a supposed case; and which I shall take care not to exaggerate very much beyond what has repeatedly come under my own observation. A lady called upon a physician for advice, stating that her health was "completely broken," and that she was "afflicted with a frightful collection of maladies," but as she did not specify them particularly, the doctor began to interrogate her about the condition of her nervous system; when she replied promptly that he need not trouble himself to inquire into that matter, as she had consulted Dr. Brown-Séquard, and under advice she was taking strychnia and iron, and phosphorus to build up her nerves. The doctor then suggested that he would like to examine her heart. "Oh," said she, "that is in a very bad condition, but Dr. Clark is giving me aconite, belladonna and digitalis to lower its action." "Your lungs?" said the doctor inquiringly. "Dr. Metcalfe has examined my lungs," was the ready reply, "and I do not care for any other advice in that matter. He is giving me several cough mixtures." "But I notice," said the doctor, hoping that he had now hit upon the weak point, and the one which she proposed to intrust to his special guardianship. "I observe that you have still some cough, and perhaps the trouble is in your throat rather than your lungs." "Dr. Metcalfe thought this might be so," said she, "and he sent me to Dr. Elsberg, who says there is trouble there also, and he is applying daily iodoform spray, and other things." "You wear glasses?" "Yes, my sight was a little affected, but Dr. Noyes thinks my eyes will be cured if I wear glasses and take his medicines long enough."

"Pray, madam," exclaimed the doctor, completely baffled

* Buffalo Medical and Surgical Journal.

in his attempt to find an unprotected point in this splendid line of defenses, "will you kindly inform me what organ, or fragment of an organ, or tissue, you wish to place under my charge, or consult me about?" "Yes, Doctor, if you please. I have consulted a good many other specialists, and as I am abundantly able to do so, and as health is of more value than money, I propose to consult them all. I know you by reputation very well, and I felt sure you could tell me better than any one else who makes a specialty of warts, and I would thank you to give me a letter of introduction to whoever you think is best. I have a wart on the back of my neck, and as I would not like to leave a scar, you will please recommend me to some one who will cure it without cutting."

MATERNAL NURSING IN COLOMBIA.—We are indebted to the *Gazette Obstétricale*, of September 20th, for the following extract from a letter by Dr. Posado-Arango, addressed to the Paris Society for the Protection of Infancy: the latter part is *amazing* if not *amusing*: "In Colombia there is neither law nor society for the protection of infancy. The profession of wet-nurse is not known. All mothers, rich or poor, are accustomed to give the breast to their infants, up to the appearance of the symptoms of a new pregnancy, this pregnancy usually occurring nine months after parturition. Thus each infant is eighteen months old at least before the next is born. Nevertheless, there are many women who are delivered once in eleven months, and remain healthy. Nursing does not interfere with procreation. Each marriage ordinarily produces here—Antioquia in Colombia—ten, twelve, or fifteen children. One lady has had thirty-four infants that lived; sometimes she has had twins. Her descendants, great grand-children included, make a large number. I know also a man who has been married three times, and has fifty-one children; and as his present wife is still young he may, perhaps, increase the number to sixty. Girls have their first menstruation when from thirteen to fourteen years of age; and marry early, thirteen, fourteen and sixteen. I am confident that the kind of

nourishment is not without influence upon the proverbial fecundity of our women. Maize forms its base, and I have observed the influence of this grain upon pullets and upon sows."

AN ECHO.—We are glad to find some of our exchanges indorsing the recently expressed views of the American Practitioner as to the specimen-copy-man. The following from one of the best of medical monthlies—the Detroit Medical Journal—will greatly interest our readers as an excellent *echo* of the Practitioner's article:

With its occasional amenities the position of editor of a medical journal, like most other avocations in life, has its vexations, and among these few are more irritating than the perennial applicant for specimen copies. Very seldom does a mail reach us wanting the missive whose device is: "Please send me a specimen copy of your valuable journal." Earlier in our journalistic experience we were wont to allow ourselves to be flattered by these requests, coming, as they do, from all parts of the compass, and from regions remote. We laid the flattering unction to our soul that we were becoming "extensively and favorably known" to the profession. It did not take us long, however, to become convinced that we were being imposed upon, and that the specimen-copy-man was a fraud of the first water. We have yet to have our heart made glad by a dollar of the specimen-copy-man's money, and the conviction has become most thoroughly grounded that the individual is the meanest kind of a dead-beat, and the only thing we regret, in this connection, is our inability to communicate to every member of the genus our opinion of him.

We suspect strongly that our contemporaries are contributing to the propagation of this nuisance from the fact that it has latterly been assuming more alarming proportions. Times are hard, but even the specimen-copy-man feels his need of a journal, and with the aid of a package of postal cards (he was never known to send a postage stamp for return postage) he seeks to lay in his stock of periodicals. Unless he met

with encouragement from some quarter we can not but think that even his audacity would wear itself out. Let there be a general shutting down on this nuisance that it may soon be exterminated from the land.

"A NEW INVENTION RECENTLY DISCOVERED."—We are in the receipt of a circular advertising a syringe for ladies' use, and the instrument is spoken of in the above words. Certainly the discovery of an invention is wonderful! The discovering inventor gives the following CAUTION: "An abusive use of this instrument by married ladies, in time of pregnancy, will result in producing abortion, and great care must be used," etc. Really the innocence of this caution is almost as charming as the language—discovered invention and abusive use!

LETTER FROM DR. BRANDEIS.—We present in this number a letter from Dr. Brandeis, of Louisville, who is now in London engaged in professional study. During his stay abroad, Dr. Brandeis will be a regular correspondent of the *American Practitioner*.

ONE APOLOGY AND TWO REQUESTS.—In sending out bills to delinquent subscribers, occasional mistakes are made, bills being sent to those who have already paid their subscriptions. We regret that any have been unjustly subjected to such annoyance, and trust they will kindly accept this apology.

Will those subscribers who are delinquent promptly pay? The money is needed, and we hope will be at once remitted.

May we not count on the active efforts of our friends to increase the circulation of the journal? They could readily add five hundred names to the subscription list. To new subscribers who remit their subscription before the first of January, 1878, the *Practitioner* will be sent from October, 1877, that is for fifteen months, for \$3.00. We hope many will at once avail themselves of this liberal offer.